Montana Health Care Programs Notice
All Providers

HIPAA 5010/OCR Qualifier Changes Effective January 1, 2012

Electronic claim transactions submitted to Montana Health Care Programs on or after January 1, 2012, must be in the HIPAA 5010-compliant format. The qualifiers for taxonomy and provider secondary identifier are changing on the electronic 837 transactions and these changes will also affect paper claims submitted to Montana Health Care Programs as of that date.

The taxonomy qualifier on both the CMS-1500 and UB-04 forms should be PXC for any claims sent on or after January 1, 2012, regardless of date of service. The qualifier of ZZ to indicate taxonomy on the CMS-1500 or B3 to indicate taxonomy on the UB-04 will no longer be recognized by the Optical Character Recognition (OCR) software as of January 1, 2012. This applies to the taxonomy for any provider on the claim.

The qualifier sent to indicate provider's secondary identifier (used by atypical providers who do not have an NPI) on both the CMS-1500 and UB-04 forms should be G2 (Provider Commercial Number) for any claims sent on or after January 1, 2012, regardless of date of service. The qualifier of 1D (Medicaid) to indicate secondary provider identifier will no longer be recognized by the Optical Character Recognition (OCR) software as of January 1, 2012.

Both of these qualifier changes are being implemented so the values on paper claims are consistent with those required on electronic transactions.

For additional information regarding changes to the electronic transactions, please refer to the 5010 X12 Technical Reports (TR3) documents, available from Washington Publishing Company at http://www.wpc-edi.com/content/view/67/96/.

Contact Information

For claims questions or additional information, contact Provider Relations:
Provider Relations toll-free in- and out-of-state: 1-800-624-3958
Helena: (406) 442-1837
E-mail: MTPRHelpdesk@ACS-inc.com

Visit the Provider Information website:
http://medicaidprovider.hhs.mt.gov/